



# CERTIFICATE IN SUPPORT OF PLUMBING EXPERIENCE QUALIFICATIONS

State Form 50663 (11-01)

I, \_\_\_\_\_, certify that I have personally known  
Name of certifier - print  
\_\_\_\_\_ and that I have direct knowledge  
Name of applicant - print  
of his experience which I have listed below.

Name of employer		Describe in detail the type of work performed by the applicant ( <i>trades and duties</i> ): ----- ----- ----- ----- -----									
From ( <i>month, day, year</i> )	To ( <i>month, day, year</i> )										
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time ( <i>if part-time do not total as full-time</i> )											
Total [ <i>month(s), year(s)</i> ]											
Level applicant worked: <input type="checkbox"/> Journeyman <input type="checkbox"/> Foreman <input type="checkbox"/> Supervisor <input type="checkbox"/> Contractor <input type="checkbox"/> Owner / Builder <input type="checkbox"/> Other ( <i>specify</i> ) _____											
Did the applicant demonstrate a level of knowledge and skill expected of a journeyman or better in the craft(s) or trade(s) listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Check those that identifies your business relationship to the applicant: <table border="0"><tr><td><input type="checkbox"/> Employer</td><td><input type="checkbox"/> Fellow Employee</td><td><input type="checkbox"/> Journeyman Plumber</td></tr><tr><td><input type="checkbox"/> Union Representative</td><td><input type="checkbox"/> Architect</td><td><input type="checkbox"/> Plumbing Contractor</td></tr><tr><td><input type="checkbox"/> Building Inspector</td><td colspan="2"><input type="checkbox"/> Other, specify relationship _____</td></tr></table>			<input type="checkbox"/> Employer	<input type="checkbox"/> Fellow Employee	<input type="checkbox"/> Journeyman Plumber	<input type="checkbox"/> Union Representative	<input type="checkbox"/> Architect	<input type="checkbox"/> Plumbing Contractor	<input type="checkbox"/> Building Inspector	<input type="checkbox"/> Other, specify relationship _____	
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<input type="checkbox"/> Building Inspector	<input type="checkbox"/> Other, specify relationship _____										
On _____ at _____, I certify Date City / County State under the penalty of perjury under the laws of the State of Indiana that the foregoing is true and correct.											
Signature of the Certifier		Number: ( <i>If you are a licensed / plumbing contractor, enter your license / registration number and state</i> )									
Address of Certifier ( <i>number and street, city, state, ZIP code</i> )											
Residence telephone number		Business telephone number									